OMB Number: 2030-0020 Expiration Date: 04/30/2021

## Preaward Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance

Note: Read Instructions before completing form.

I. A.	Applicant/Recipient (Name, Address, City, State, Zip Code)						
	Name:	Indianan Finance Authority					
	Address:	100 N Senate Ave Rm 1275					
	City:	Indianapolis					
	State:	IN: Indiana		Zip Code: 46204-2273			
_	DUNS No	782762541					
В.							
II.	Is the applicant currently receiving EPA Assistance?						
III.	List all civil rights lawsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)						
None		,	, , , , , , , , , , , , , , , , , , ,				
IV.	List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that allege discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective actions taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7.)						
None		, , , , ,		,			
V.	of the re	vil rights compliance reviews of the applicant iew and any decisions, orders, or agreements § 7.80(c)(3))				lose a cop	
None	9						
VI.	Is the ap	licant requesting EPA assistance for new con		/II; if yes, answer (a) and/	or (b) below.		
a.	If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b).						
		Yes N	lo				
b.	. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exception (40 C.F.R. 7.70) applies.						
VII.		applicant/recipient provide initial and continui olor, national origin, sex, age, or disability in i			X Yes	☐ No	
a.	a. Do the methods of notice accommodate those with impaired vision or hearing?				X Yes	☐ No	
b.	<ul> <li>Is the notice posted in a prominent place in the applicant's offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications?</li> </ul>			education programs	X Yes	☐ No	
c.	Does the	notice identify a designated civil rights coord	inator?		X Yes	☐ No	
VIII.		applicant/recipient maintain demographic data of the population it serves? (40 C.F.R. 7.85(a)		origin, sex, age, or	Yes	⊠ No	
IX.		applicant/recipient have a policy/procedure fo		s for persons with	Yes	⊠ No	

X.	If the applicant is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 7? Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator.						
No							
XI.	If the applicant is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal citation or Internet Address for, or a copy of, the procedures.						
No							
		For the Applicant/Recipient					
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations.  A. Signature of Authorized Official  B. Title of Authorized Official  C. Date							
	Signature of Authorized Official  my L Henninger	Director of Environmental Programs	C. Date 07/10/2020				
		For the U.S. Environmental Protection Agency					
co pr	mpliance information required by 40 C.F.R. Pa	applicant/recipient and hereby certify that the applicant/re arts 5 and 7; that based on the information submitted, this he applicant has given assurance that it will fully comply w	application satisfies the preaward				
Α.	*Signature of Authorized EPA Official	B. Title of Authorized Official	C. Date				